

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. **09/647670** FILING DATE **20 NOV 2000**
APPLICANT(S) *Kulhar*

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/			
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TOTAL IND.			2			
TOTAL DEP.			29			
TOTAL CLAIMS			31			

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BEST AVAILABLE COPY